

NOV 20 2006

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FROM: CATHERINE M. POLIZZI

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Number of pages with cover page:	3	Originals Will Not Follow
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Comments:

Atty Docket No: 57851-20001.00
Application Serial No.: 10/797,850
Filed: March 10, 2004
Inventors: Fredrick COPE
Art Unit: 1615
Examiner: N. Levy
Title: A MINIATURE ARRAYED INTERFEROMETER FOR OPTICAL
COHERENCE TOMOGRAPHY

Enclosed are the following documents:

1. Transmittal - 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page

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PTO/SB/21 (09-04)


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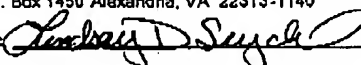
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/797,850
		Filing Date	March 10, 2004
		First Named Inventor	Fredrick COPE
		Art Unit	1615
		Examiner Name	N. Levy
Total Number of Pages in This Submission	2	Attorney Docket Number	578512000100

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Catherine M. Polizzi		
Date	November 20, 2006	Reg. No.	40,130

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/797,850
	Filing Date	March 10, 2004
	First Named Inventor	Fredrick COPE
	Art Unit	1615
	Examiner Name	N. Levy
	Attorney Docket Number	578512000100

To: Commissioner for Patents
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Please withdraw me as attorney or agent for the above identified patent application, and

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The reasons for this request are:


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